

Name
in
Full

CERTIFICATE OF DEATH

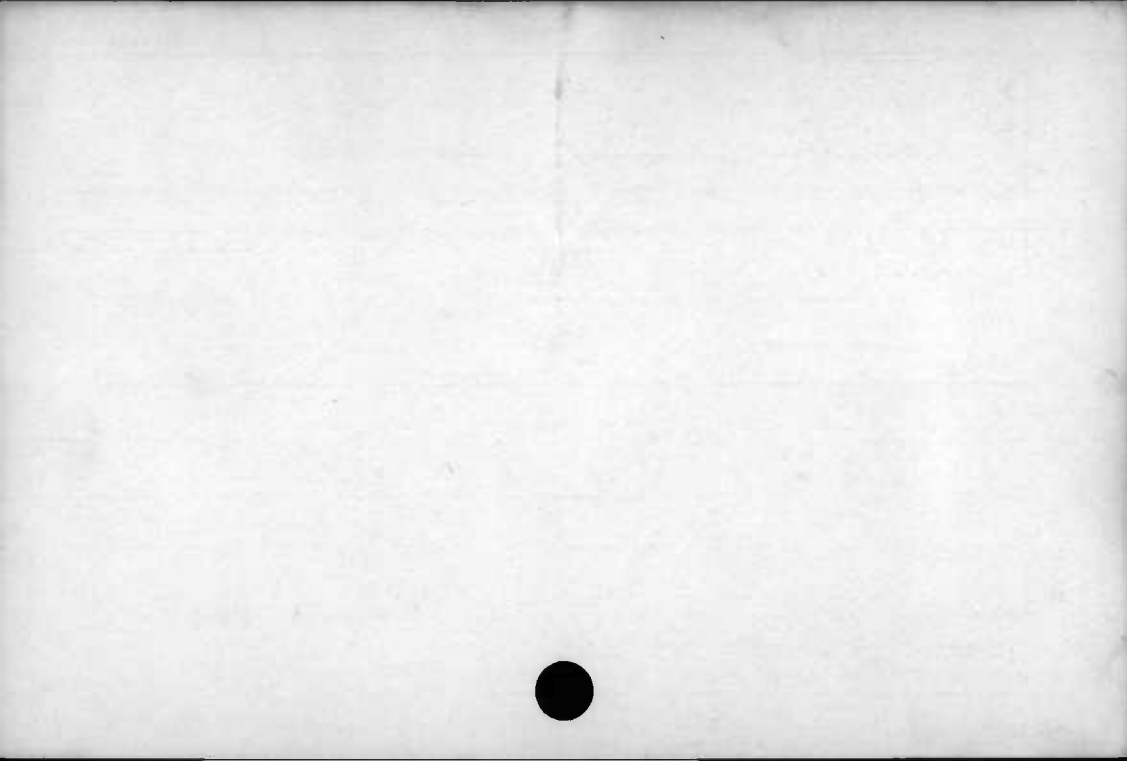
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keenock</i> ^{Town}		<i>Lehman</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i> ^{Month}	<i>Dec</i> ^{Day}	<i>11</i> ^{Age}	<i>20 (about)</i> ^{Years}	<i>—</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>Not Known</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Thomas Baerman</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Furcalis</i> <i>66</i>	How long <i>3 weeks</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes Ex -</i>	Signature of Physician <i>C. L. Cline M.D.</i>
<i>Left age which is not infirmly known</i>	Address <i>Keenock Ind.</i>
Accident or Suicide? <i>—</i>	



Unnie Bond

Died at Popps Creek ^{Town} Charles Co. ^{County} MARYLAND

Date 1902 12 7 ^{Month} ^{Day} 11 ^{Y.} — ^{M.} ^{D.} Maryland ^{Native of} — ^{Occupation}

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Thomas Bond Mother's Maggie Murray
 Maiden Name

Cause of Typhoid Fever How long sick
16 days
 Death Immediate Six years Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Leucus Brown
 Died at *Pissoh* Town *Charles* County *MARYLAND*

Date 1902 *12.16* Month *12* Day *16* Y. *20* M. *6* D. Native of *Amica* Occupation *Laborer*
 Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widow~~ Number of children living *0*

Husband of
 Wife
 Father's Name *Joe Brown* 116 Mother's Maiden Name *Merian Brown*

Cause of Death { Primary *Acute Peritonitis* How long sick *48 hours*
 Immediate *Constriction of the duodenum* Accident, Suicide, Homicide

Reported by *Saul L. Hemmick M.D.*

Address *Mason Springs Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



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CERTIFICATE OF DEATH

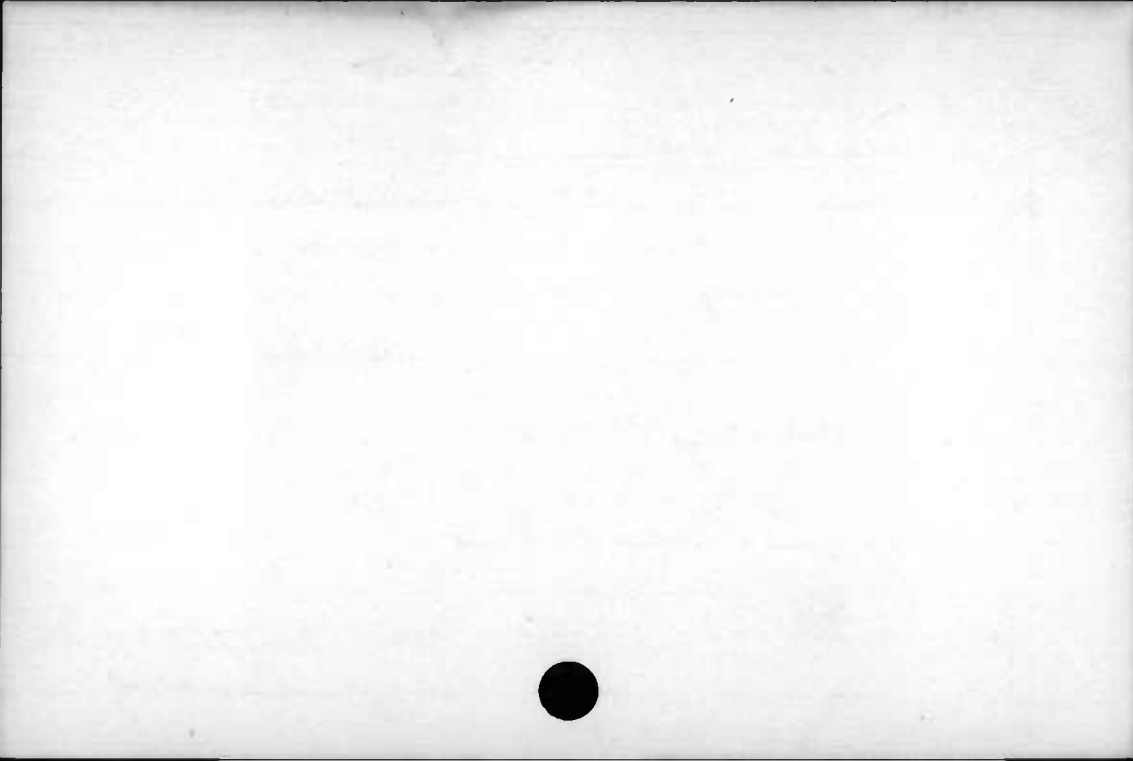
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dentsville</i>			County <i>Leharles</i>			MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>9</i>	Age <i>78</i>	Years <i>78</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>Negro</i>		Birth- place <i>Ind</i>			
Married, Single or Widowed <i>married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>1</i>							
Father's Name <i>—</i>				Father's Birthplace			
Mother's Maiden Name <i>—</i>				Mother's Birthplace			
Name of person giving In formation <i>Edw. D. Drent</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>12 mo</i>
Immediate <i>Heart failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Chappelle M.D.</i>
	Address <i>Hughesville Ind</i>
Accident or Suicide?	



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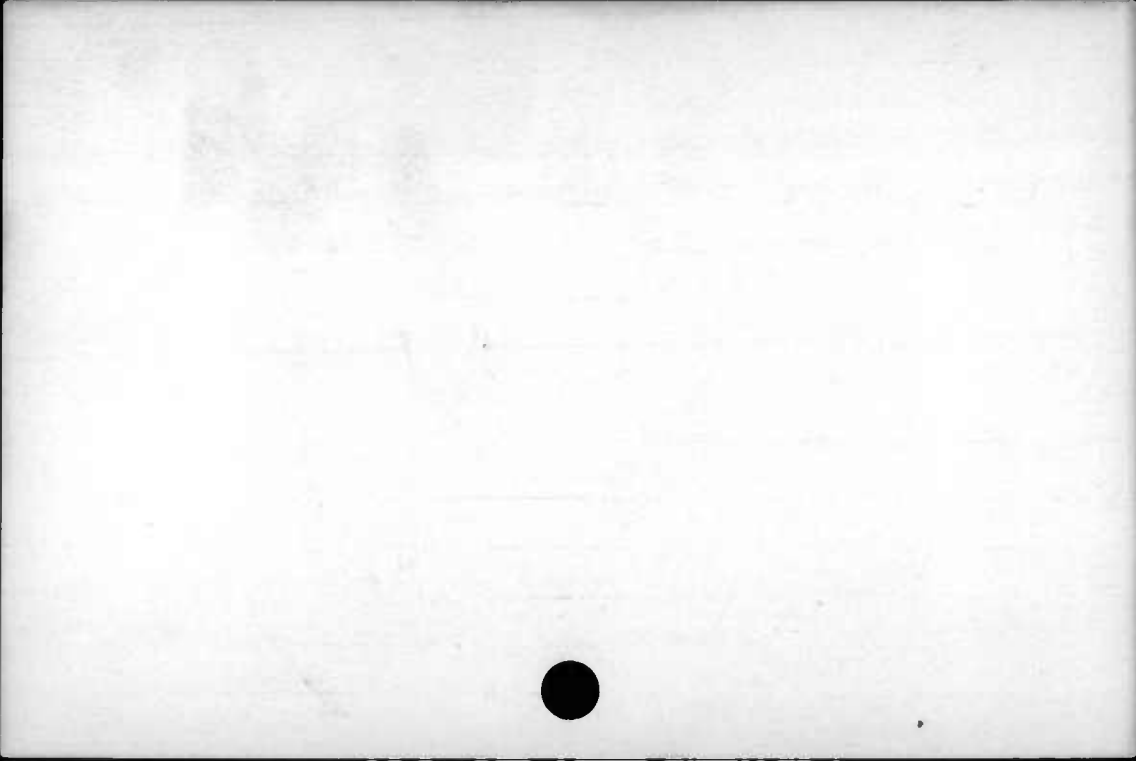
TO BE ANSWERED BY
NEAREST FRIEND

James C. Cooksey
Town Denton County Rehoboth
Died at
Date of death 1902 Month 12 Day 5 Age 60 Years Months Days
Sex Male Color or Race White Birthplace Md
Married, Single or Widowed married Occupation Farmer
Name of Wife or Husband Mary Cooksey
Father's Name — Father's Birthplace Md
Mother's Maiden Name — Mother's Birthplace Md
Name of person giving information Bedding Dent — How related to deceased none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Gastritis How long 18 mo
Immediate Heart failure How long 1 wks
Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician H. C. Chappell Md
Address Houghton Md
Accident or Suicide? ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1902

Dec,

12th

Age 40

Sex

Male

Color or
Race

White

Birth-
placeMarried, Single
or Widowed

Occupation

Trucker & Trader

Name of Wife or
Husband

Maggie Ducey

Father's
Name

Benj. Mayhew

Father's
Birthplace

P.G. Co

Mother's
Maiden Name

Maggie Mayhew

Mother's
Birthplace

P.G. Co

Name of person giving
In formation

Scott Armstrong

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Gunshot wound - abdomen

How long

24

Immediate

How long

hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. L. Leaning
Chincoteague

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm. W. W. W.</i> Town		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Mar</i>	Day <i>12</i>	Age <i>38</i>	Months <i>0</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place			
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Joe Gardiner</i>				How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun Shot -</i>	How long
Immediate <i>Gun Shot -</i>	How long <i>100 y</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. P. W. W. W. W.</i>
	Address <i>W. W. W. W. W. W.</i>
Accident or Suicide? <i>Accident -</i>	<i>Ind.</i>

Charles Vinton

Amherst

Forestville

Mr. Geo.

Co.

Name in Full

Certificate of Death

Louisa Edelen

Town

County

MARYLAND

Died at near White Plains

Charles

Date 1902 12 10

Month

Day

Age 32

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Hus wife

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Stanley Edelen

Wm Taylor

Caroline Thomas

operator for removal dead fetus

2 weeks

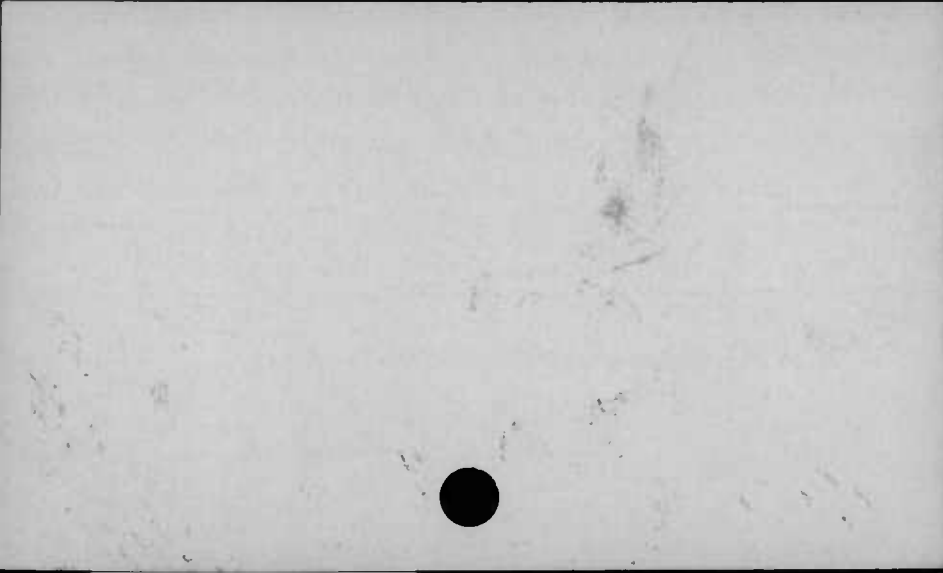
Shock

1902

Dis J. T. Digges and Thos S. Owen

Port Tobacco

La Plata Md



Name in Full Mary Ford		Town Benedict		County Charles		CERTIFICATE OF DEATH	
Died at		Date of death 1902		Age		MAYLAND	
Month 12		Day 31		Years 28		Months —	
Sex Female		Color or Race Negro		Birth-place md		Days —	
Married, Single or Widowed married		Occupation Housewife					
Name of Wife or Husband James Ford							
Father's Name Wm Owens				Father's Birthplace md			
Mother's Maiden Name Mary Owens				Mother's Birthplace md			
Name of person giving information Jim Ford				How related to deceased Husband			
CAUSES OF DEATH							
Primary Consumption				How long 18 mo			
Immediate —				How long —			
Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician H. C. Chappelle M.D.			
				Address Hughesville md			
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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Full

Catherine E. Hardy

CERTIFICATE OF DEATH

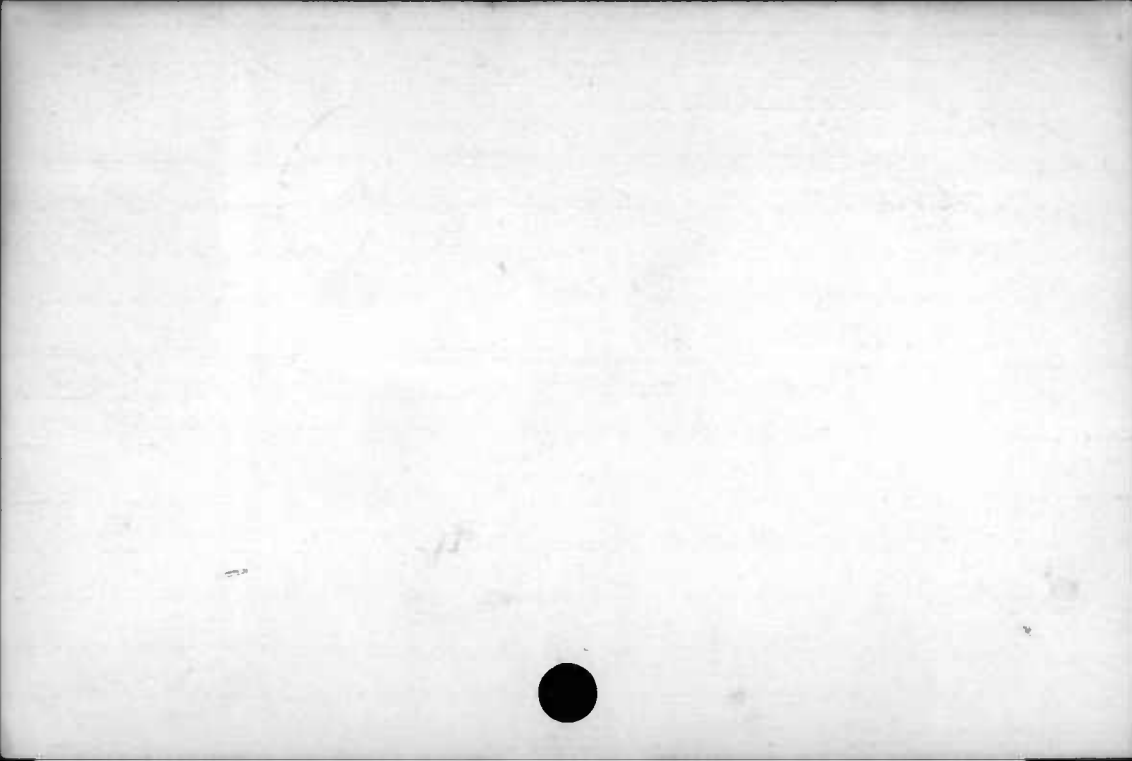
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
2		Dec	5	52			
Sex		Color or Race		Birth-place			
Female		White		- Md -			
Married, Single or Widowed		Occupation					
Widow		Housewife					
Name of Wife or Husband							
Benj. Hardy							
Father's Name		Father's Birthplace					
William M. Hodge		Long Town, Md.					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth M. Pherson		Maryland					
Name of person giving Information		How related to deceased					
Wm H. Hardy		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Gastric Catarrh	How long	Two years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. W. Mitchell, M.D.	
Accident or Suicide?		Address	
No		Pomunkey Ind.	



Name
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Still born child

CERTIFICATE OF DEATH

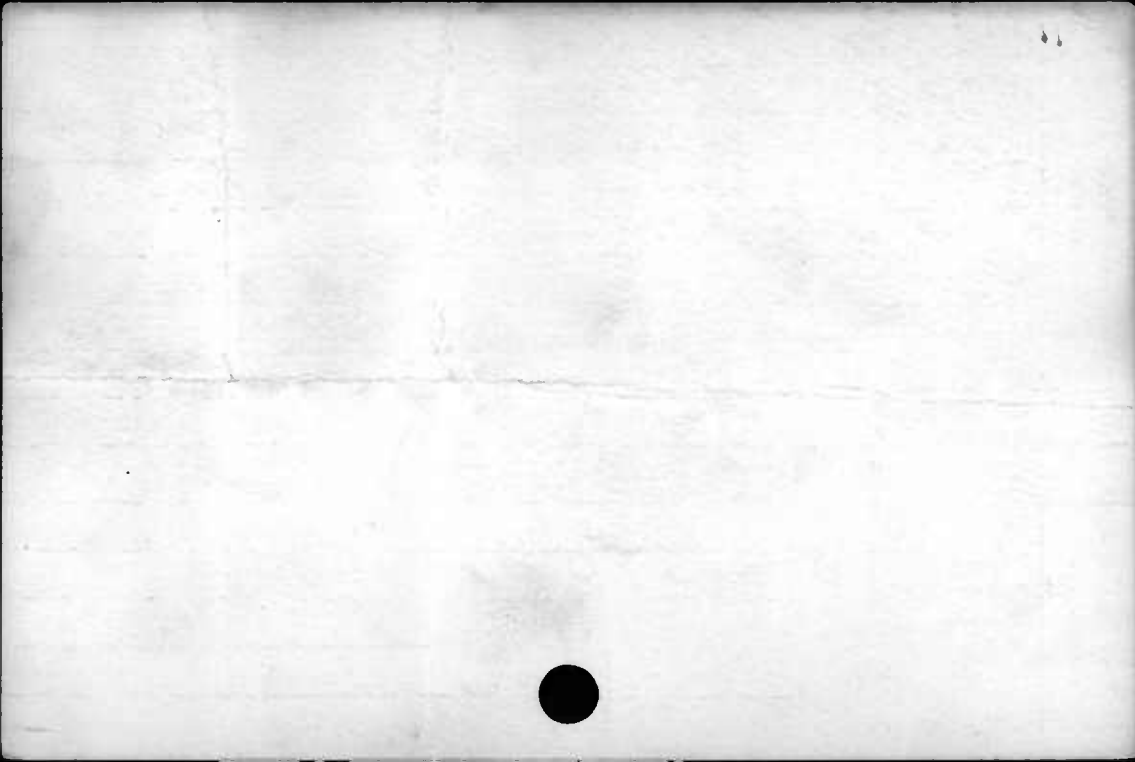
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Naufermoy</u> ^{Town}		<u>Chad</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u> ^{Month}	<u>Oct</u> ^{Day}	<u>24</u> ^{Year}	Age <u> </u>	Months <u> </u>	Days <u> </u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u> </u>			
Married, single or widowed		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>J. P. Herbut</u>			Father's Birthplace <u>Ala.</u>		
Mother's Maiden Name <u>Amelia Murdock</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u> </u>			How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature birth Still born</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. S. Speakman</u>
	Address <u>Grayton Ind.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

William Hicks

CERTIFICATE OF DEATH

Died at Micomico ^{Town} Charles ^{County} MARYLAND
 Date of death 1902 Month Dec Day 17 Age 64 Years Months Days
 Sex Male Color or Race Colored Birth-place Charles
 Married, Single Occupation House Carpenter
 Name of Wife or Husband Ann. Hicks
 Father's Name John. Hicks Father's Birthplace Not Known
 Mother's Maiden Name Jane Payne Mother's Birthplace Not Known
 Name of person giving information Geo Hicks How related to deceased Brother

TO BE ANSWERED BY
NEAREST FRIEND

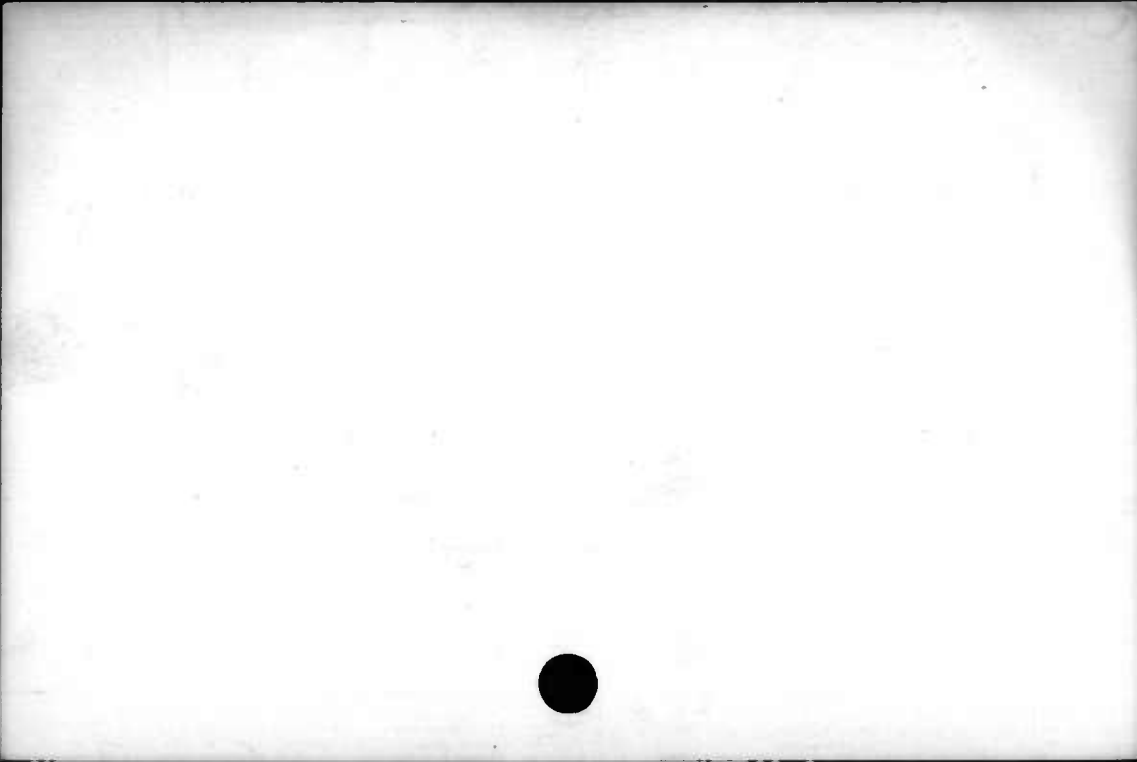
CAUSES OF DEATH

Primary Dropsy 177 How long Five years
 Immediate

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Annie Jackson

CERTIFICATE OF DEATH

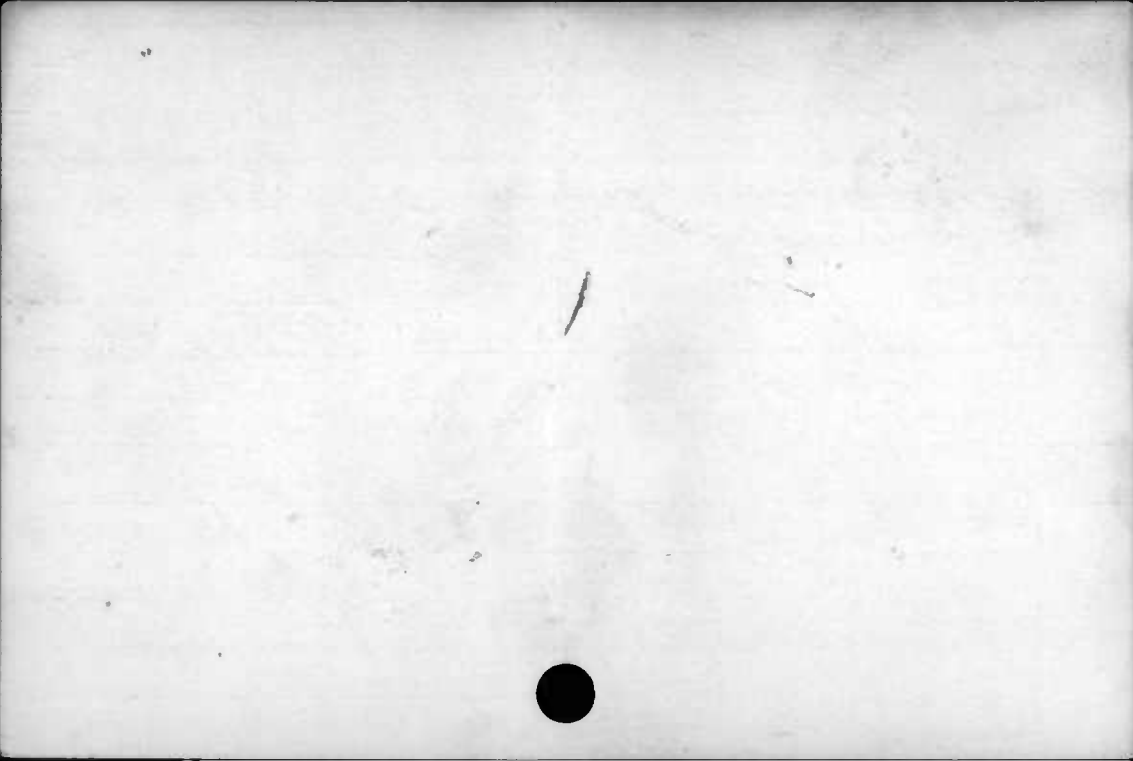
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Friendship</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>Dec</u> ^{Month}	<u>13</u> ^{Day}	Age <u>8</u> ^{Years}	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>mulatto</u>		Birth- place <u>md</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Willie Jackson</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Hannie Dent</u>			Mother's Birthplace <u>Ar</u>		
Name of person giving Information <u>Alice Sanders</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	How long	<u>1 year or more</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>S. H. Speate</u>	
		Address <u>Grayton</u>	
Accident or Suicide?			



Name
in
Full

William C. Jameson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Blossoms Point* Town *Ches.* County

Date of death 1902 Month *12* Day *16* Age *46* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Bryantown Md*

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife or Husband *Rosa Ryer*

Father's Name *Thos L. Jameson* Father's Birthplace *Bryantown Md*

Mother's Maiden Name *Mary V. Gardiner* Mother's Birthplace *" "*

Name of person giving information *Magruder Jameson* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Bright disease* How long *80 months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Reported by
Wm. F. Browner

Jane D. Milton

Town

County

MARYLAND

Died at

Bel Air

Charles

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov

25

Age

54

3

7

Maryland

Housewife

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

~~Husband~~

of

Charles A. Milton

Wife

Father's

Name

John B. Maddy

Mother's

Maiden Name

Sarah Roby

Cause of

Primary

Pulmon. Tuberculosis

How long sick

2 years

Death

Immediate

Asthma

27

Accident, Suicide, Homicide

Reported by

E. J. Mason, M.D.

Address

Bel Air
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Accelia Mitchell

Town

County

Died at

MARYLAND

Date 19

01

12

19

Age

12

-

Chas Colmd.

Child

Male

White

Married

Widow

Divorced

Occupation

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Albuminuria

How long sick

Death

Immediate

Uremic Convulsions

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Janie S. Spauls				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND		
		Mrs. Wadsworth			Charles				
		Date of death	1902	Month	Dec	Day	2	Age	20
				Years		Months	10	Days	2
		Sex	Female		Color or Race	Black		Birth-place	Md
		Married, Single or Widowed	Single		Occupation	Cook			
		Name of Wife or Husband							
Father's Name		Henry Spauls				Father's Birthplace	Md		
Mother's Maiden Name		Susan Spauls				Mother's Birthplace	Md		
Name of person giving information		Henry Spauls				How related to deceased	Further		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Mucous				3 days			
		Immediate				How long			
		Septicemia				10 days			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		40.5 months			
				Address		Wadsworth, Md.			
Suicide?									



Laura Swann

Town

County

Died at her home

Charles

MARYLAND

Date 1902 Month Dec Day 1st Y. 45 M. D. Native of Md. Occupation Housewife
 Male White Married Widower Female Colored Single Widower Number of children living 3

Husband of Theo. Swann
 Wife
 Father's Name Sam'l T. Swann Mother's Name Ann Freeman

Cause of Primary Chronic Diarrhoea How long sick a year
 Death Immediate Exhaustion Accident, Suicide, Homicide

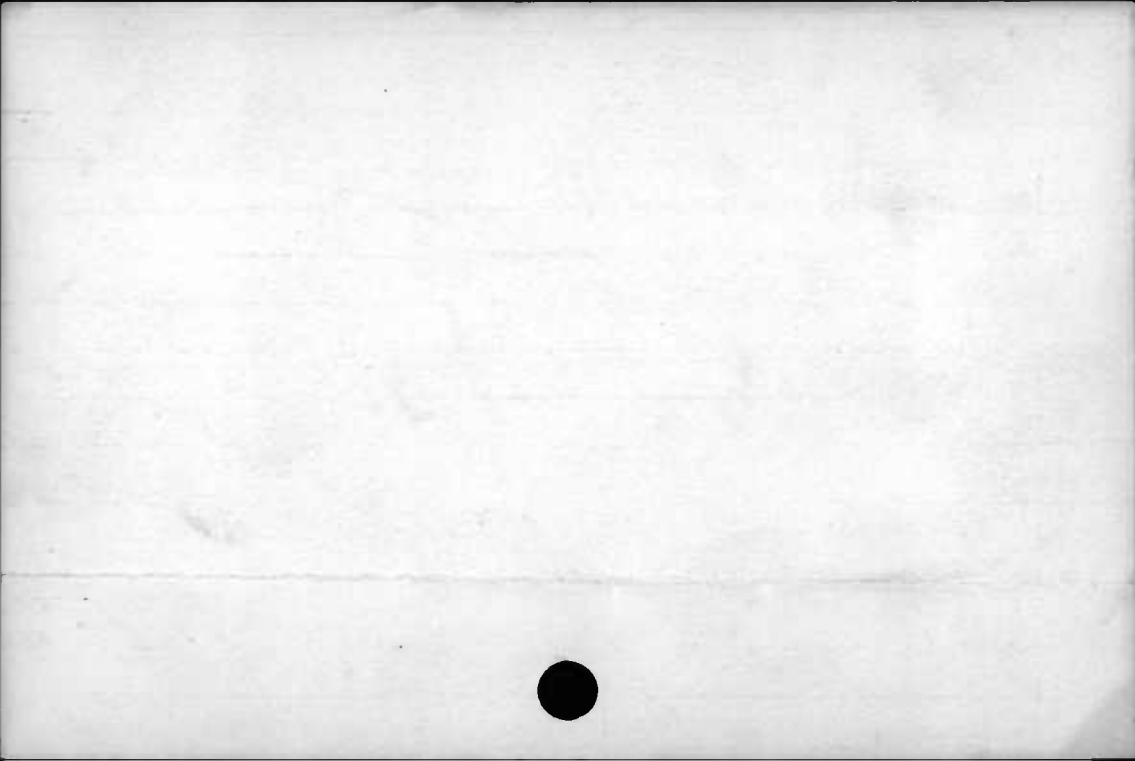
Reported by Zach. R. Morgan, M.D.

Address Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Arthur W. Severy				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND			
		Date of death		Month	Day	Years	Months		Days	
		1902		12	9	about 75				
		Sex		Color or Race		Birth-place				
		Male		White						
		Married, Single, or Widowed		Occupation						
		Widowed		Carpenter						
		Name of Wife or Husband		Arthur W. Severy						
Father's Name		Father's Birthplace								
Mother's Maiden Name		Mother's Birthplace								
Name of person giving information		Mrs. Elise Matter				How related to deceased		Friendship		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				How long				
		Not known				179				
		Immediate				How long				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				Address				
Yes		John H. Gray				Quinton of Penn-				
Supposed Accident or Suicide?		Chiles Lane and act as				Commissioner				



Maggie Wallace

Died at ^{Town} La Placa ^{County} Charles MARYLAND

Date 1902 ^{Month} Dec ^{Day} 26 ^{Y.} Age 35 ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wm M. Wallace
 Wife

Father's Name ~~Chas~~ Mother's Maiden Name Eliza

Cause of Death { Primary Cardiac Hypertrophy
 Immediate Pulmon edema

How long sick 2 months
~~Accident, Suicide, Homicide~~

Reported by J. P. ... 79

Address Bel Alton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

